



LATITUDE

Telcom Consultants LLC

14 Corporate Woods Blvd., Suite 215
Albany, New York 12211

DOCKET FILE COPY ORIGINAL

Received & Inspected

JUN 30 2014

FCC Mail Room

June 23, 2014

REDACTED - FOR PUBLIC INSPECTION

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, D.C. 20554

**Re: FCC Form 481 – 2014 Carrier Annual Reporting Data Collection
WC Docket No. 10-90; WC Docket No. 11-42
Margaretville Telephone Company (SAC: 150104)**

Dear Secretary Dortch:

On behalf of Margaretville Telephone Company, Latitude Telcom Consultants, LLC hereby files a redacted version of the company's FCC Form 481 Carrier Annual Reporting Data Collection, as required by 47 C.F.R. § 54.313 and 54.422 of the Commission's rules (original and one copy).

In addition, the company seeks confidential treatment under the Protective Orders adopted in this proceeding for the 47 C.F.R. § 54.313(f)(2) financial information and 54.313(a)(1) Five-Year Service Quality Improvement Plan information included in its filing.¹ The submitted confidential documents contain sensitive information regarding projected construction activity plans and financial data which, if made publically available, could be used by its competitors or others to the company's disadvantage. One copy of the confidential documents is also enclosed.

The FCC Form 481 has been submitted to USAC via its e-file system and a copy of the submission is also being provided to the state commission. Please contact me at (518) 443-2801, or kevins@latitude-LLC.com, if you have any questions regarding this filing.

Sincerely,

Kevin Schwenzfeier
Latitude Telcom Consultants, LLC

No. of Copies rec'd 0+1
List ABCDE

Cc: Charles Tyler, Telecommunications Access Policy division (two copies, confidential)

¹ WC Docket 10-90 *et al.*, Protective Order, DA 12-1857 (released Nov. 16, 2012) and Third Protective Order, DA 12-1418 (released Aug. 30, 2012).

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

<010> Study Area Code 150104
 <015> Study Area Name MARGARETVILLE TEL CO
 <020> Program Year 2015
 <030> Contact Name: Person USAC should contact with questions about this data Kevin Schwenzfeier
 <035> Contact Telephone Number: 5184432801 ext. Number of the person identified in data line <030>
 <039> Contact Email Address: kevin@latitude-LLC.com Email of the person identified in data line <030>

Received & Inspected

JUN 30 2014

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS

| | | Required | Optional |
|--------|--|-------------------------------------|-------------------------------------|
| <100> | Service Quality Improvement Reporting (complete attached worksheet) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <200> | Outage Reporting (voice) (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> | <input checked="" type="checkbox"/> <-- check box if no outages to report | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <300> | Unfulfilled Service Requests (voice) 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <310> | Detail on Attempts (voice) (attach descriptive document) | <input type="checkbox"/> | <input type="checkbox"/> |
| <320> | Unfulfilled Service Requests (broadband) 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <330> | Detail on Attempts (broadband) 150104ny330.pdf (attach descriptive document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <400> | Number of Complaints per 1,000 customers (voice) | | |
| <410> | Fixed 0.0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> | Mobile 0.0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430> | Number of Complaints per 1,000 customers (broadband) | | |
| <440> | Fixed 0.0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <450> | Mobile 0.0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <500> | Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> | 150104ny510.pdf (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> | Functionality in Emergency Situations (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> | 150104ny610.pdf (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> | Company Price Offerings (voice) (complete attached worksheet) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <710> | Company Price Offerings (broadband) (complete attached worksheet) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <800> | Operating Companies and Affiliates (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> | Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |
| <1000> | Voice Services Rate Comparability (check to indicate certification) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <1010> | 150104ny1010.pdf (attach descriptive document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <1100> | Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <1110> | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |
| <1200> | Terms and Condition for Lifeline Customers (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|--------|-----------------------------------|--------------------------|--------------------------|
| <2000> | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <2005> | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | |
|--------|-----------------------------------|-------------------------------------|--------------------------|
| <3000> | (check to indicate certification) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <3005> | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|--|
| <010> | Study Area Code | 150104 |
| <015> | Study Area Name | MARGARETVILLE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Schwenzfeier |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5184432801 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kevins@latitude-LLC.com |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
| | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 | |
| <111> | year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

150104ny112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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| | | |
|-------|---|-------------------------|
| <010> | Study Area Code | 150104 |
| <015> | Study Area Name | MARGARETVILLE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Schwensfeier |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5184432801 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kevins@latitude-LLC.com |

[illegible]

| | | |
|-------|---|-------------------------|
| <010> | Study Area Code | 150104 |
| <015> | Study Area Name | MARGARETVILLE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Schwenzfeier |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5184432801 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kevins@latitude-LLC.com |

| | | |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date | 1/1/2014 |
| <702> | Single State-wide Residential Local Service Charge | |

[illegible]

| | |
|--|--|
| <p>(10) Enrollment Period:</p> <p>Enrollment Period:</p> | <p>Enrollment Period:</p> <p>Enrollment Period:</p> <p>Enrollment Period:</p> |
|--|--|

| | | |
|-------|---|-------------------------|
| <010> | Study Area Code | 150104 |
| <015> | Study Area Name | MARGARETVILLE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Schwenzfeier |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5184432801 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kevins@latitude-LLC.com |

<711>

[illegible]

| | |
|---------------------------|-----------|
| (800) Operating Committee | 10/1/2019 |
| Data Collection Team | 10/1/2019 |

| | | |
|-------|---|---------------------------------|
| <010> | Study Area Code | 150104 |
| <015> | Study Area Name | MARGARETVILLE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Schwenzfeier |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5184432801 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kevins@latitude-LLC.com |
| <810> | Reporting Carrier | Margaretville Telephone Company |
| <811> | Holding Company | |
| <812> | Operating Company | |

[illegible]

(900) Tribal Land Research
Data Collection Form

NAME: Kevin Schwenzfeier
PHONE: 518-443-2801
EMAIL: kevin@latitude-llc.com

<010> Study Area Code 150104
 <015> Study Area Name MARGARETVILLE TEL CO
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Kevin Schwenzfeier
 <035> Contact Telephone Number - Number of person identified in data line <030> 5184432801 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> kevin@latitude-LLC.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
 <922> Feasibility and sustainability planning;
 <923> Marketing services in a culturally sensitive manner;
 <924> Compliance with Rights of way processes
 <925> Compliance with Land Use permitting requirements
 <926> Compliance with Facilities Siting rules
 <927> Compliance with Environmental Review processes
 <928> Compliance with Cultural Preservation review processes
 <929> Compliance with Tribal Business and Licensing requirements.

| Select (Yes, No, NA) |
|----------------------------|
| |
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| |



| | | |
|-------|---|-------------------------|
| <010> | Study Area Code | 150104 |
| <015> | Study Area Name | MARGARETVILLE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Schwenzfeier |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5184432801 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kevins@latitude-LLC.com |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

| | | |
|------|---|-------------------------|
| 1200 | Study Area Code | 150104 |
| 1201 | Study Area Name | MARGARETVILLE TEL CO |
| 1202 | Program Year | 2015 |
| 1203 | Contact Name - Person USAC should contact regarding this data | Kevin Schwenzfeier |
| 1204 | Contact Telephone Number - Number of person identified in data line <030> | 5184432801 ext. |
| 1205 | Contact Email Address - Email Address of person identified in data line <030> | kevins@latitude-LLC.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

150104ny1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.



| | | | | | | | |
|------|------------|-------------|-----------|----------|-----------|----------|-----------|
| 2000 | Print Date | Latitudinal | Longitude | Latitude | Longitude | Latitude | Longitude |
| 2000 | Print Date | Latitudinal | Longitude | Latitude | Longitude | Latitude | Longitude |
| 2000 | Print Date | Latitudinal | Longitude | Latitude | Longitude | Latitude | Longitude |

| | | |
|-------|---|-------------------------|
| <010> | Study Area Code | 150104 |
| <015> | Study Area Name | MARGARETVILLE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Schwenzfeier |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5184432801 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kevins@latitude-LLC.com |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

| | |
|---|------------------------|
| <010> Study Area Code | 150104 |
| <015> Study Area Name | MARGARETVILLE TEL CO |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Kevin Schwenzfeier |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5184432801 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | kevin@latitude-LJC.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

(3014) If yes, does your company file the RUS annual report

(Yes/No)

☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☒

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

150104ny3017.pdf

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

| | |
|------------------------------|---------------|
| Publication Reporting Period | 1985-1986 |
| Data Collection Date | June 20, 1986 |

| | | |
|-------|---|-------------------------|
| <010> | Study Area Code | 150104 |
| <015> | Study Area Name | MARGARETVILLE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Schwenzfeier |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5184432801 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kevins@latitude-LLC.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|--|---------------------------------------|
| <p align="center">Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</p> | |
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.</p> | |
| <p>Name of Reporting Carrier:</p> | |
| <p>Signature of Authorized Officer:</p> | <p>Date</p> |
| <p>Printed name of Authorized Officer:</p> | |
| <p>Title or position of Authorized Officer:</p> | |
| <p>Telephone number of Authorized Officer:</p> | |
| <p>Study Area Code of Reporting Carrier:</p> | <p>Filing Due Date for this form:</p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | |

| | |
|--------------------------------|--------------------------------|
| Continuation of Form 100-270-1 | Form 100-270-1 |
| Date of Submission: 06/30/2014 | Date of Submission: 06/30/2014 |

| | |
|---|-------------------------|
| <010> Study Area Code | 150104 |
| <015> Study Area Name | MARGARETVILLE TEL CO |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Kevin Schwenzfeier |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5184432801 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | kevins@latitude-LLC.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|---|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: _____ | |
| Name of Reporting Carrier: MARGARETVILLE TEL CO | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date: _____ |
| Printed name of Authorized Officer: _____ | |
| Title or position of Authorized Officer: _____ | |
| Telephone number of Authorized Officer: _____ | |
| Study Area Code of Reporting Carrier: 150104 | Filing Due Date for this form: 06/30/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|---|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: MARGARETVILLE TEL CO | |
| Name of Authorized Agent or Employee of Agent: Kevin Schwenzfeier | |
| Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE | Date: _____ |
| Printed name of Authorized Agent or Employee of Agent: Kevin Schwenzfeier | |
| Title or position of Authorized Agent or Employee of Agent: Consultant | |
| Telephone number of Authorized Agent or Employee of Agent: 5184432801 ext. | |
| Study Area Code of Reporting Carrier: 150104 | Filing Due Date for this form: 06/30/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

[illegible]

[illegible]

Margaretville Telephone Company, Inc.

**Unfulfilled Service Requests (Broadband)
FCC Form 481, Line 330**

Detail on Attempts:

The six customers that requested DSL services that went unfilled are located over 18,500 feet from our facilities in our rural service area. The company will continue to improve and expand its broadband facilities over the next few years in order to provide DSL service to those outlying service areas.

Margaretville Telephone Company

Service Quality Standards & Consumer Protection Rules Compliance

FCC Form 481, Line 510

The company complies with applicable service quality standards and consumer protections by (1) maintaining and submitting monthly trouble report data to the New York State Public Service Commission ("NYPSC"); (2) reporting major service interruptions to the NYPSC in a manner consistent with its guidelines; (3) filing local service tariffs with the NYPSC and making rate and service information available to the public upon request; (4) clearly listing all charges and credits on customers' bills; (5) providing full and prompt investigation of, and response to, customer complaints; (6) providing access to enhanced 911 emergency report centers; (7) participating in statewide system for the hearing impaired; (8) complying with federal CPNI rules and other applicable consumer privacy protection requirements, including training of employees that have access to CPNI on the rules and procedures for protecting account information and authenticating callers; and (9) implementing procedures that are consistent with the FTC's guidance on measures to detect/prevent identity theft (Red Flag).

In addition, the company complies with applicable consumer protections identified in 47 C.F.R. Part 8 for its broadband internet services including, but not limited to, §8.3, §8.5 and §8.7 addressing transparency, blocking and discrimination protections, respectively.

Margaretville Telephone Company, Inc.

**Functionality in Emergency Situations
FCC Form 481, Line 610**

The company's central office and remotes have battery back up along with generators. In 2013, the company installed a new generator at MTC headquarters large enough to power all buildings and to back up the generator already in place. Remote facilities are also equipped with standby batteries and are either setup with a standby generator or a portable generator to supplement the battery backup. All of the backup power described above provides backup power to both the telephone and broadband facilities. The company continues to put in place redundancy for 911 back up and long distance trunking. The company has sized its trunk groups to give it extra capabilities in the event of a spike in call volumes. The company has three diverse routes for its broadband facilities and is part of a SONET ring that provides redundancy. The company has an Emergency Assistance Handbook in place on how to handle different emergency situations. TSP lines, government agencies, hospitals and schools are also listed in the handbook.

Margaretville Telephone Company

**Description of Voice Services Rate Comparability
FCC Form 481, Line 1010**

| Exchange | Residential Local Service Flat Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory EAS Charge | Federal SLC | Total Rate and Fees |
|-----------------|--|---|--|---------------------------------|------------------------|--------------------------------|
| Exchange 586 | \$16.55 | \$0.00 | \$0.00 | \$0.00 | \$6.50 | \$23.05 |
| Exchange 676 | \$16.15 | \$0.00 | \$0.00 | \$0.00 | \$6.50 | \$22.65 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |

As demonstrated in the above table, the company's pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice services (Reasonable Comparability Benchmark), as published annually by the Wireline Competition Bureau.

Reasonable Comparability Benchmark for Voice Service:

\$46.96

MARGARETVILLE TELEPHONE COMPANY

LINE 1210 ATTACHMENT

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9

Second Revised Page 3

Superseding First Revised Page 3

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE

1. Lifeline Telephone Service Options

a. Description

1. Lifeline Discounted Service

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This service provides a flat rate federal discount of \$9.25, consisting of a \$6.50 reduction of the Federal Subscriber Line Charge and a \$2.75 reduction in the monthly rate for local exchange telephone service for residential customers. Qualified customers may choose any type or grade of local telephone service, including bundled services that are normally offered by the Company. (C)

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1 A. Additional Lifeline Discount

This service provides the discount as outlined in A.1.a.1 above and may provide an additional discount equal to the serving company's increase in residential basic local exchange service, as authorized by the NYS Department of Public Service in Case No. 07-C-0349, released March 4, 2008, whereby the NY Commission authorized certain companies to increase basic local service rates up to \$2.00 per year for 2 years. The discount can be found on Addendum 1 of the individual Company tariff for those companies offering the Additional Lifeline Discount.

Date Issued: May 30, 2012

Date Effective: July 1, 2012

Issued by: Caroline Hill, Director Tariffs

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12210

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9
First Revised Page 3.1
Superseding Original Page 3.1

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE

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(D)

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Date Issued: May 30, 2012

Date Effective: July 1, 2012

Issued by: Caroline Hill, Director Tariffs

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12210

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9

First Revised Page 4

Superseding Original Page 4

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE (cont'd)

1. Lifeline Telephone Service Options (cont'd)

b. General

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Qualified customers may choose to apply the federal Lifeline credit to any of the company's local service offerings, including any local bundled service offering, basic local service, or message rate service. Message rate Lifeline service is available only where central office facilities permit. For connection of new service, service connection charges apply unless the customer qualifies for connection assistance under the Tribal Lands Link Up program.

(C)

Service connection charges do not apply to change existing service from:

1. Message or flat rate services to Lifeline service.
2. Lifeline service to non-Lifeline services.

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Issued in Compliance with FCC Order in Dockets: WC Docket No. 11-42, WC Docket No. 03-109, CC Docket No. 96-45, WC Docket No. 12-23

Date Issued: March 29, 2012

Date Effective: April 29, 2012

Issued by: Robert R. Puckett, President

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12211

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9
First Revised Page 4.1
Superseding Original Page 4.1

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE (cont'd)

2. Regulations

- a. These services are restricted to low income residential customers. To qualify for Lifeline service a customer must certify and provide documentation as income eligible. For a consumer to be eligible under the income requirements, the consumer's household income as defined in § 54.400(f) of the FCC Rules must be at or below 135% of the Federal Poverty Guidelines for a household of that size or a recipient of benefits from any one of the following Entitlement Programs: (C)
(C)
1. Medicaid;
 2. Supplemental Nutrition Assistance Program (SNAP) F/K/A Food stamps;
 3. Supplemental Security Income;
 4. Federal Public Housing Assistance (Section 8);
 5. Low-Income Home Energy Assistance Program (LIHEAP);
 6. National School Lunch Program's free lunch program;
 7. Temporary Assistance for Needy Families/SafetyNet; (C)
 8. Veterans Disability Pension
 9. Veterans Surviving Spouse Pension

Issued in Compliance with FCC Order in Dockets: WC Docket No. 11-42, WC Docket No. 03-109,
CC
Docket No. 96-45, WC Docket No. 12-23

Date Issued: May 30, 2012
Issued by: Robert R. Puckett, President
NYSTA, Inc., 20 Corporate Woods Boulevard, Albany 12211

Date Effective: July 1, 2012

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9
First Revised Page 5
Superseding Original Page 5

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE (cont'd)

2. Regulations (cont'd)

b. The Lifeline discount is effective upon receipt of a completed form of eligibility. If the form is not returned, no further action is taken by the Company to establish eligibility.

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c. The Company, in coordination with appropriate agencies and the Lifeline Customer, will require Lifeline customers to be re-certified, on an annual basis. Lifeline customers will need to certify that they continue to be eligible to receive these Lifeline benefits and that they are not receiving benefits from another company. If, a customer is identified as being ineligible, the customer will be notified that unless the information is shown to be in error, the Lifeline discount will be discontinued. The customer will be billed for discounts received for the time that they were proven to be ineligible for the service.

(C)

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3. Locality Charge Waiver

Customers receiving Lifeline Telephone Service will have applicable locality charges waived each month while they are receiving the Lifeline Assistance.

4. Voluntary Toll Blocking (Restriction)

Customers receiving Lifeline service can voluntarily request and receive toll blocking (call restriction), third number billing/collect call restriction without a monthly charge. There will be no record order charge to add these types of restrictions (blocking).

Issued in Compliance with FCC Order in Dockets: WC Docket No. 11-42, WC Docket No. 03-109, CC Docket No. 96-45, WC Docket No. 12-23

Date Issued: March 29, 2012

Date Effective: April 29, 2012

Issued by: Robert R. Puckett, President

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12211

Margaretville Telephone Company, Inc.

Addendum 1
Fifth Revised Page 1
Superseding Fourth Revised Page 1

Additional Lifeline Service Credit

Additional Lifeline Service Credit*

| Effective | Amount of Additional Lifeline Credit Per Residential Basic Local Exchange Access Line |
|------------------|---|
| December 1, 2013 | \$8.00 (C) |

** Issued in compliance with Commission Order in Case No. 07-C-0349 December 18, 2010.*

Date Issued: October 15, 2013

Date Effective: December 1, 2013

Issued By: Larry S. Roadman, President, Margaretville, New York

Company Name: Margaretville Telephone Company
Calendar Year: 2013

LIFELINE PROGRAM SERVICES (1200)

Rates in effect as of: January 1, 2014

| Service or Package Name | Non-Discounted Local Rate | Lifeline Discount enter as (-) | Discounted Lifeline Rate | Total Minutes Provided | Description of Additional Toll Charges (if any) |
|-------------------------|------------------------------|--------------------------------------|-----------------------------|------------------------------|--|
| Flat Rate 586 Exchange | \$16.55 | -\$10.75 | \$5.80 | N/A | N/A |
| Flat Rate 676 Exchange | \$16.15 | -\$10.75 | \$5.40 | N/A | N/A |
| | | | \$0.00 | | |
| | | | \$0.00 | | |
| | | | \$0.00 | | |

REDACTED – FOR PUBLIC INSPECTION

MARGARETVILLE TELEPHONE COMPANY

LINE 112 ATTACHMENT

ATTACHMENT REDACTED IN ITS ENTIRETY

REDACTED – FOR PUBLIC INSPECTION

MARGARETVILLE TELEPHONE COMPANY

LINE 3017 ATTACHMENT

ATTACHMENT REDACTED IN ITS ENTIRETY